



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:20 am, Sep 03, 2013

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030809	PRINTER SN 84.9324.042	DATE OF INSPECTION 09/01/2013
LOCATION OF INSTRUMENT (STREET AND CITY) 2410 Goodale Overland		TIME OF INSPECTION 11:29 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Laboratories LOT # 13010 EXP. DATE 01/09/2015

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2738 SIMULATOR EXP DATE 07/10/2014

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .098

TEST 2 ➡ .097

TEST 3 ➡ .098

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE Penny L. Nyswaner #461

PRINT NAME
Penny L. Nyswaner #461

TYPE II PERMIT NUMBER/EXPIRATION DATE
210229 09/14/2013

TELEPHONE NUMBER
(314) 428-1212

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

599 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-644-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 030909
Version no: 004C

TEST RECORD - REPRINT

TEST RECORD 00739

Temp Date Time 210L s/

Air Blank:
09/01/13 11:29 .000
Subject Test: Man
23 09/01/13 11:29 .098

Subject Name

N/A

Subject I.D.

SUPERVISOR MAINT

Operator Name: I.D.

NYSWANER

Location

2410 GOODALE

AS IV Serial no: 030909
Version no: 004C

TEST RECORD 00740

Temp Date Time 210L s/

Air Blank:
09/01/13 11:32 .000
Subject Test: Man
24 09/01/13 11:32 .097

Subject Name

N/A

Subject I.D.

SUPERVISOR MAINT

Operator Name: I.D.

NYSWANER

Location

2410 GOODALE

AS IV Serial no: 030909
Version no: 004C

TEST RECORD 00741

Temp Date Time 210L s/

Air Blank:
09/01/13 11:33 .000
Subject Test: Auto
25 09/01/13 11:33 .098

Subject Name

N/A

Subject I.D.

SUPERVISOR MAINT

Operator Name: I.D.

NYSWANER

Location

2410 GOODALE

AS IV Serial no: 030909
Version no: 004C

TEST RECORD 00742

Temp Date Time 210L s/

Void: RFI
12 09/01/13 11:34

Subject Name

N/A

Subject I.D.

SUPERVISOR MAINT

Operator Name: I.D.

NYSWANER

Location

2410 GOODALE

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



PENNY NYSWANER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/14/2011

Number 210229

Expires 09/14/2013

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)